

2016-2017 Influenza Vaccination Documentation Wallet Card

In hopes of making it easier to provide your patients documentation of their influenza immunization, below we have provided a pre-designed documentation card. Fill in the card with your facilities information and print! See directions below.

Printing Directions:

1. Purchase the Avery Business Card, 10 per sheet

#15871, 15871, 18871, 18871, 27871, 27871, 27881, 27881, 27882, 27882, 27883, 27883, 28371, 28371, 28865, 28865, 8376, 8377, 8377, 8471, 8471, 8476, 8476, 8571, 8571, 8865, 8865, 8870, 8870, 8871, 8871, 8873, 8873, 8875, 8875, 8876, 8876, 8877, 8877

2. On your computer open the card template document. Edit template as needed to reflect your organization.
3. Open the box of Avery business cards and place the sheet into the printer as directed in the Avery business card package.
4. Press print on your computer.

**2016-2017 Seasonal Influenza Vaccine
Documentation Card**

Name: _____ Date: _____
Location: _____
Circle one: Fluzone-IIIV4 (0.25mL); Fluarix-IIIV4 (0.5mL)
FluLaval-IIIV4 (0.5mL); Afluria-IIIV3 (0.5mL);
Lot # _____
Anatomic Site (circle one): LA RA
Vaccinator Name: _____

**2016-2017 Seasonal Influenza Vaccine
Documentation Card**

Name: _____ Date: _____
Location: _____
Circle one: Fluzone-IIIV4 (0.25mL); Fluarix-IIIV4 (0.5mL)
FluLaval-IIIV4 (0.5mL); Afluria-IIIV3 (0.5mL);
Lot # _____
Anatomic Site (circle one): LA RA
Vaccinator Name: _____

**2016-2017 Seasonal Influenza Vaccine
Documentation Card**

Name: _____ Date: _____
Location: _____
Circle one: Fluzone-IIIV4 (0.25mL); Fluarix-IIIV4 (0.5mL)
FluLaval-IIIV4 (0.5mL); Afluria-IIIV3 (0.5mL);
Lot # _____
Anatomic Site (circle one): LA RA
Vaccinator Name: _____

**2016-2017 Seasonal Influenza Vaccine
Documentation Card**

Name: _____ Date: _____
Location: _____
Circle one: Fluzone-IIIV4 (0.25mL); Fluarix-IIIV4 (0.5mL)
FluLaval-IIIV4 (0.5mL); Afluria-IIIV3 (0.5mL);
Lot # _____
Anatomic Site (circle one): LA RA
Vaccinator Name: _____

**2016-2017 Seasonal Influenza Vaccine
Documentation Card**

Name: _____ Date: _____
Location: _____
Circle one: Fluzone-IIIV4 (0.25mL); Fluarix-IIIV4 (0.5mL)
FluLaval-IIIV4 (0.5mL); Afluria-IIIV3 (0.5mL);
Lot # _____
Anatomic Site (circle one): LA RA
Vaccinator Name: _____

**2016-2017 Seasonal Influenza Vaccine
Documentation Card**

Name: _____ Date: _____
Location: _____
Circle one: Fluzone-IIIV4 (0.25mL); Fluarix-IIIV4 (0.5mL)
FluLaval-IIIV4 (0.5mL); Afluria-IIIV3 (0.5mL);
Lot # _____
Anatomic Site (circle one): LA RA
Vaccinator Name: _____

**2016-2017 Seasonal Influenza Vaccine
Documentation Card**

Name: _____ Date: _____
Location: _____
Circle one: Fluzone-IIIV4 (0.25mL); Fluarix-IIIV4 (0.5mL)
FluLaval-IIIV4 (0.5mL); Afluria-IIIV3 (0.5mL);
Lot # _____
Anatomic Site (circle one): LA RA
Vaccinator Name: _____

**2016-2017 Seasonal Influenza Vaccine
Documentation Card**

Name: _____ Date: _____
Location: _____
Circle one: Fluzone-IIIV4 (0.25mL); Fluarix-IIIV4 (0.5mL)
FluLaval-IIIV4 (0.5mL); Afluria-IIIV3 (0.5mL);
Lot # _____
Anatomic Site (circle one): LA RA
Vaccinator Name: _____

**2016-2017 Seasonal Influenza Vaccine
Documentation Card**

Name: _____ Date: _____
Location: _____
Circle one: Fluzone-IIIV4 (0.25mL); Fluarix-IIIV4 (0.5mL)
FluLaval-IIIV4 (0.5mL); Afluria-IIIV3 (0.5mL);
Lot # _____
Anatomic Site (circle one): LA RA
Vaccinator Name: _____

**2016-2017 Seasonal Influenza Vaccine
Documentation Card**

Name: _____ Date: _____
Location: _____
Circle one: Fluzone-IIIV4 (0.25mL); Fluarix-IIIV4 (0.5mL)
FluLaval-IIIV4 (0.5mL); Afluria-IIIV3 (0.5mL);
Lot # _____
Anatomic Site (circle one): LA RA
Vaccinator Name: _____